Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on	Shunkea		
	your government-issued picture identification (for example, your driver's	First name		First name
	license or passport).	Middle name		Middle name
	Bring your picture identification to your	Brown	_	
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	FKA Shunkea Ali		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8692		

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 2 of 65

Debtor 1 Shunkea Brown

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	3941 Hunters Ridge #2	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Eaton	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 3 of 65

Case number (if known)

7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
		■ Chap	ter 7						
		☐ Chap	ter 11						
		☐ Chap	ter 12						
		☐ Chap	ter 13						
about how you may pay. Typically, if you ar				ou may pay. Typio attorney is subm	cally, if you are paying the fee y	petition. Please check with the clerk's office in your local court for more details are paying the fee yourself, you may pay with cash, cashier's check, or money payment on your behalf, your attorney may pay with a credit card or check with			
						ion, sign and attach the Application for	or Individuals to Pay		
		□ I re	equest that t is not red	it my fee be waiv uired to, waive yo	our fee, and may do so only if y	on only if you are filing for Chapter 7. our income is less than 150% of the	official poverty line that		
						in installments). If you choose this op icial Form 103B) and file it with your p			
9. Have you filed for bankruptcy within the									
	last 8 years?	☐ Yes.							
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor			Relationship to you			
			District		When	Case number, if known	າ		
			Debtor			Relationship to you			
			District		When	Case number, if knowr	າ		
11.	Do you rent your	□ No.	Go to	ine 12.					
	residence?	Yes.	Has yo	ur landlord obtain	ned an eviction judgment again	st you?			
				No. Go to line 12	2.				
		Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101 bankruptcy petition.					and file it with this		

Debtor 1 Shunkea Brown

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 4 of 65

Deb	tor 1 Shunkea Brown			Case number (if known)			
Par	Report About Any Bu	ısinesses '	You Own as a Sole Propr	ietor			
	Are you a sole proprietor						
12.	of any full- or part-time business?	■ No.	Go to Part 4.				
		☐ Yes.	Name and location of b	usiness			
	A sole proprietorship is a						
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if an	у			
	If you have more than one sole proprietorship, use a		Number, Street, City, S	tate & ZIP Code			
	separate sheet and attach it to this petition.		Check the appropriate i	box to describe your business:			
				siness (as defined in 11 U.S.C. § 101(27A))			
			☐ Single Asset Re	al Estate (as defined in 11 U.S.C. § 101(51B))			
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))			
			☐ Commodity Bro	ker (as defined in 11 U.S.C. § 101(6))			
			☐ None of the about	ve			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11	deadlines operation in 11 U.S	e court must know whether you are a small business debtor so that it can set appropriate e a small business debtor, you must attach your most recent balance sheet, statement of d federal income tax return or if any of these documents do not exist, follow the procedure apter 11.				
	U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptc Code.				
		☐ Yes.	I am filing under Chapte	er 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have Any	/ Hazardous Property or A	any Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?				
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?				
				Number, Street, City, State & Zip Code			

Debtor 1 Shunkea Brown

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 6 of 65

Deb	otor 1 Shunkea Brown			Case number	er (if known)			
Par	t 6: Answer These Quest	ions for Re	eporting Purposes					
16.	What kind of debts do you have?	16a.	individual primarily for a pers	onsumer debts? Consumer debts are defisional, family, or household purpose."	ined in 11 U.S.C. § 101(8) as "incurred by an			
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.		usiness debts? Business debts are debts estment or through the operation of the bus				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you o	owe that are not consumer debts or busines	ss debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	r 7. Go to line 18.	that you incurred to obtain iness or investment. seetty is excluded and administrative expenses? 25,001-50,000			
	Do you estimate that after any exempt property is excluded and	■ Yes.		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?				
	administrative expenses		■ No					
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	■ 1-49		☐ 1,000-5,000	☐ 25,001-50,000			
	you estimate that you owe?	☐ 50-99		5001-10,000				
		☐ 100-19 ☐ 200-99		□ 10,001-25,000	☐ More than100,000			
19.	How much do you estimate your assets to	S \$0 - \$5	The state of the s	\$1,000,001 - \$10 million				
	be worth?		01 - \$100,000 001 - \$500,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million				
			001 - \$1 million	□ \$100,000,001 - \$500 million				
20.	How much do you estimate your liabilities	□ \$0 - \$t		□ \$1,000,001 - \$10 million				
	to be?		01 - \$100,000 001 - \$500,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million				
			001 - \$1 million	□ \$100,000,001 - \$500 million	_ * -// *			
Par	t 7: Sign Below							
For	you	I have exa	amined this petition, and I ded	clare under penalty of perjury that the infor	mation provided is true and correct.			
				7, I am aware that I may proceed, if eligible relief available under each chapter, and I cl				
				not pay or agree to pay someone who is not notice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this			
		I request	relief in accordance with the o	chapter of title 11, United States Code, spe	ecified in this petition.			
		bankrupto and 3571						
			kea Brown a Brown	Signature of Debto	or 2			
			of Debtor 1	j				
		Executed		Executed on				
			MM / DD / YYYY	MN	I / DD / YYYY			

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 7 of 65

Debtor 1 Sh	hunkea Brown	Case number (if known)
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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Lynn Osborne	Date	August 30, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Lynn Osborne		
Printed name		
Lynn Osborne PC		
Firm name		
401 W Ionia Street		
Lansing, MI 48933		
Number, Street, City, State & ZIP Code		
Contact phone 517-708-2992	Email address	lynnosbornepc@gmail.com
P66545 MI		
Bar number & State		

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 8 of 65

Fill	II in this information to identify your case:			
	ebtor 1 Shunkea Brown			
	First Name Middle Name Last Name			
	bouse if, filing) First Name Middle Name Last Name			
` '	nited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN			
	ase numberknown)		_	k if this is an ded filing
				3
∩f	fficial Form 106Sum			
	ummary of Your Assets and Liabilities and Certain Statistic	al Information		12/15
infoi your	as complete and accurate as possible. If two married people are filing together, both are ormation. Fill out all of your schedules first; then complete the information on this form. ur original forms, you must fill out a new <i>Summary</i> and check the box at the top of this p	If you are filing amende		
ıaı	art i. Guillimanze Four Assets		V	
			Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B		\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B		\$ \$	16,387.78
	1c. Copy line 63, Total of all property on Schedule A/B		\$ \$	16,387.78
			Ψ	10,307.70
Par	art 2: Summarize Your Liabilities			
				abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of	Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule	e <i>E/F</i>	\$	112,110.62
		Your total liabilities	\$	112,110.62
Par	art 3: Summarize Your Income and Expenses			
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I		\$	2,756.45
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J		\$	2,668.00
Par	art 4: Answer These Questions for Administrative and Statistical Records			
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this	form to the court with you	ır other sc	hedules.
7.	Yes What kind of debt do you have?			
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 L		a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this partitle court with your other schedules.	rt of the form. Check this	box and s	ubmit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 9 of 65

Debtor 1 Shunkea Brown Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 5,361.55

Opp the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	84,128.49
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	84,128.49

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 10 of 65

		27 3774 200 7.1 1 1100. 00/00/10	1 ago 10 0. 00	
	ormation to identify your case	and this filing:		
Debtor 1	Shunkea Brown First Name	Middle Name Last Name		
Debtor 2				
(Spouse, if filing)	First Name	Middle Name Last Name		
United States	Bankruptcy Court for the: WES	STERN DISTRICT OF MICHIGAN		
Case number				☐ Check if this is an
				amended filing
Official F	orm 106A/B			
	ıle A/B: Propert	v		12/15
		s. List an asset only once. If an asset fits in more than one	category list the asset in	
think it fits best	Be as complete and accurate as nore space is needed, attach a sep	possible. If two married people are filing together, both are arate sheet to this form. On the top of any additional pages	equally responsible for su	pplying correct
Part 1: Descri	be Each Residence, Building, Land	i, or Other Real Estate You Own or Have an Interest In		
1 Do vou own	or have any legal or equitable inter	est in any residence, building, land, or similar property?		
	or nave any regar or equitable inter	est in any residence, building, land, or similar property.		
No. Go to				
☐ Yes. Whe	re is the property?			
Part 2: Descri	be Your Vehicles			
□ No ■ Yes				
3.1 Make:	GMC	Who has an interest in the property? Check one	Do not deduct secured cla	
Model:	Envoy	Debtor 1 only	Creditors Who Have Clair	
Year:	2003	Debtor 2 only	Current value of the	Current value of the portion you own?
	mate mileage: 250,000 formation:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
		A reast one of the debtors and another		
		☐ Check if this is community property (see instructions)	\$2,000.00	\$2,000.00
		(dee inditations)		
4 Watercraft	aircraft motor homos ATVs a	nd other recreational vehicles, other vehicles, and	accesories	
		vatercraft, fishing vessels, snowmobiles, motorcycle acc		
= N.				
■ No □ Yes				
⊔ Yes				
		wn for all of your entries from Part 2, including any		\$2,000,00
.pages you	have attached for Part 2. Write	that number here	=>	\$2,000.00
Part 2. Pager	ho Vour Parsanal and Hawashald	Itoms		
	be Your Personal and Household or have any legal or equitable i	nterest in any of the following items?		Current value of the
,	,	,	ı	oortion you own?
				Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 1

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 11 of 65

	Shunkea B	rown	Case number	(if known)
	hold goods and			
<i>Exam</i> □ No	ples: Major applia	inces, furniture, linens, china, kitchenware		
	s. Describe			
				1
		Misc. items No single item over \$600		\$1,750.00
		NO Single Item Over \$000		
7. Electro	onics			
	ples: Televisions	and radios; audio, video, stereo, and digital equip	ment; computers, printers, scanners	s; music collections; electronic devices
□ No	including ce	ll phones, cameras, media players, games		
■ Yes	s. Describe			
		Mine Howe		\$400.00
		Misc. items		\$400.00
o Callag	tibles of value			
-		d figurines; paintings, prints, or other artwork; boo	ks, pictures, or other art objects; sta	amp, coin, or baseball card collections;
□ No	other collec	tions, memorabilia, collectibles		
	s. Describe			
	o. Doddilbo			-
				\$200.00
Exam ■ No	ment for sports and ples: Sports, photomusical instance	ographic, exercise, and other hobby equipment; I	icycles, pool tables, golf clubs, skis	<u> </u>
Exam ■ No □ Yes 10. Firea Exar ■ No	ples: Sports, photomusical instance. s. Describe rms mples: Pistols, rifle s. Describe	and hobbies ographic, exercise, and other hobby equipment; I		<u> </u>
Exam	ples: Sports, photomusical instance. s. Describe rms mples: Pistols, rifle s. Describe	and hobbies ographic, exercise, and other hobby equipment; I ruments		<u> </u>
Exam No Yes 10. Firea Exar No Yes 11. Cloth Exar	ples: Sports, photomusical instance. s. Describe rms mples: Pistols, rifle s. Describe nes mples: Everyday of	and hobbies ographic, exercise, and other hobby equipment; he ruments es, shotguns, ammunition, and related equipment		<u> </u>
Exam No Yes 10. Firea Exar No Yes 11. Cloth Exar	ples: Sports, photomusical instance. s. Describe rms mples: Pistols, rifle s. Describe	and hobbies cographic, exercise, and other hobby equipment; least, shotguns, ammunition, and related equipment elothes, furs, leather coats, designer wear, shoes,		; canoes and kayaks; carpentry tools;
Exam No Yes 10. Firea Exar No Yes 11. Cloth Exar	ples: Sports, photomusical instance. s. Describe rms mples: Pistols, rifle s. Describe nes mples: Everyday of	and hobbies ographic, exercise, and other hobby equipment; he ruments es, shotguns, ammunition, and related equipment		<u> </u>
Exam No Yes 10. Firea Exar No Yes 11. Cloth Exar No Yes 12. Jewe Exar No Yes 13. Non-i	ples: Sports, photomusical instance. s. Describe rms mples: Pistols, rifle s. Describe nes mples: Everyday of the control of t	and hobbies ographic, exercise, and other hobby equipment; he ruments es, shotguns, ammunition, and related equipment clothes, furs, leather coats, designer wear, shoes, Clothing and accessories ewelry, costume jewelry, engagement rings, weden	accessories	; canoes and kayaks; carpentry tools;
Exam No Yes 10. Firea Exar No Yes 11. Cloth Exar No Yes 12. Jewe Exar No Yes 13. Non-i	ples: Sports, photomusical instance ins	and hobbies ographic, exercise, and other hobby equipment; he ruments es, shotguns, ammunition, and related equipment clothes, furs, leather coats, designer wear, shoes, Clothing and accessories ewelry, costume jewelry, engagement rings, weden	accessories	; canoes and kayaks; carpentry tools;

 $\hfill\square$ Yes. Give specific information.....

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1	Shunkea Brown		Case number (if known	
	the dollar value of all of your en Part 3. Write that number here		ng any entries for pages you have attached	\$5,351.00
Part 4: Do	escribe Your Financial Assets			
Do you o	wn or have any legal or equitabl	e interest in any of the fo	llowing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	nples: Money you have in your wall	•	deposit box, and on hand when you file your peti	tion
			Cash	\$100.00
Exam	sits of money nples: Checking, savings, or other f institutions. If you have multi	ple accounts with the sam	tes of deposit; shares in credit unions, brokerage e institution, list each. ion name:	houses, and other similar
	17.1. Che c	king Lake	Trust	\$256.02
	17.2. Savi i	ngs <u>Lake</u>	Trust	\$3,080.76
Exam ■ No	s, mutual funds, or publicly trade apples: Bond funds, investment acco		money market accounts	
	publicly traded stock and interes venture	ts in incorporated and u	nincorporated businesses, including an intere	st in an LLC, partnership, and
☐ Yes	. Give specific information about the Name of er		% of ownership:	
Nego Non-i ■ No	negotiable instruments are those y	checks, cashiers' checks ou cannot transfer to some	promissory notes, and money orders.	
☐ Yes	. Give specific information about th Issuer nam			
Exam □ No	•	gh, 401(k), 403(b), thrift sa	vings accounts, or other pension or profit-sharing	g plans
Yes	. List each account separately. Type of accou	unt: Institut	ion name:	
	401(k)	State	of Michigan	\$2,000.00
Your			continue service or use from a company (electric, gas, water), telecommunications compa	anies, or others

☐ No

Institution name or individual: ■ Yes.

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 13 of 65

De	ebtor 1 Shunke	a Brown		Ca	ase number <i>(if known)</i>	
		Security Deposit	Landlord			\$600.00
23.	■ No	ract for a periodic payment of	money to you, either for life o	or for a number of y	ears)	
	☐ Yes	Issuer name and descripti	on.			
24.	26 U.S.C. §§ 530(b	ucation IRA, in an account i ()(1), 529A(b), and 529(b)(1).	n a qualified ABLE program	n, or under a quali	fied state tuition progran	n.
	■ No □ Yes	Institution name and desc	ription. Separately file the rec	ords of any interes	ts.11 U.S.C. § 521(c):	
25.	Trusts, equitable	or future interests in prope	rty (other than anything list	ed in line 1), and r	rights or powers exercisa	able for your benefit
		fic information about them				
26.	Examples: Interne	et domain names, websites, p	ts, and other intellectual pro roceeds from royalties and lic		\$	
	☐ Yes. Give speci	fic information about them				
27.	•	ses, and other general intar g permits, exclusive licenses,	ngibles , cooperative association hold	lings, liquor license	s, professional licenses	
	☐ Yes. Give speci	fic information about them				
M	oney or property o	wed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed □ No ■ Yes. Give specif	·	cluding whether you already fi	led the returns and	the tax years	
		2019	anticipated refunds		Federal/State/Local	\$3,000.00
29.	Family support Examples: Past di No ☐ Yes. Give specif	, , , , ,	usal support, child support, ma	aintenance, divorce	e settlement, property settl	ement
30.	benefi		payments, disability benefits, someone else	sick pay, vacation լ	pay, workers' compensation	on, Social Security
	■ No □ Yes. Give speci	fic information				
31.	Interests in insura		nealth savings account (HSA);	credit. homeowne	er's, or renter's insurance	
	■ No	,,, ,, ,, ,	,	, ,	,	
	☐ Yes. Name the i	nsurance company of each po Company name:	olicy and list its value.	Beneficiary	:	Surrender or refund value:
32.	Any interest in pr If you are the ben- someone has died		someone who has died tr proceeds from a life insuran	ice policy, or are cu	urrently entitled to receive p	property because
	■ No					

Official Form 106A/B Schedule A/B: Property page 4

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 14 of 65

Deb	otor 1	Shunkea Brown		Case number (if known)	
	☐ Yes.	Give specific information			
_		against third parties, whether or not you have filed a law oles: Accidents, employment disputes, insurance claims, or rig		and for payment	
		Describe each claim			
I	No	contingent and unliquidated claims of every nature, included Describe each claim	ding counterclaims	of the debtor and rights to set o	off claims
		nancial assets you did not already list			
_	■ No	ianolar assets you did not already list			
	☐ Yes.	Give specific information			
36.		he dollar value of all of your entries from Part 4, including art 4. Write that number here			\$9,036.78
Part	5: De:	scribe Any Business-Related Property You Own or Have an Intere	est In. List any real esta	ate in Part 1.	
37. [Do you o	own or have any legal or equitable interest in any business-relate	d property?		
	No. Go	to Part 6.			
	Yes. G	Go to line 38.			
Part 46.	Do you No.	scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. I own or have any legal or equitable interest in any farm-Go to Part 7. Go to line 47.			
Part		Describe All Property You Own or Have an Interest in That You	Did Not List Above		
_	Examp ■ No	have other property of any kind you did not already list? bles: Season tickets, country club membership Give specific information			
54.	Add t	he dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$0.00
56.	Part 2	2: Total vehicles, line 5	\$2,000.00	_	· · · · · · · · · · · · · · · · · · ·
57.	Part 3	3: Total personal and household items, line 15	\$5,351.00		
58.	Part 4	1: Total financial assets, line 36	\$9,036.78		
59.	Part 5	5: Total business-related property, line 45	\$0.00		
60.	Part 6	5: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$16,387.78	Copy personal property total	\$16,387.78
63	Total	of all property on Schedule A/R Add line 55 ± line 62			¢16 207 70

Official Form 106A/B Schedule A/B: Property page 5

		010	20707	//-1 Filed- 00/00/10	Danie	15 -4 05
		Case:19-	J3727-SW0 DOC	#:1 Filed: 08/30/19	Page .	L5 0T 05
Fil	II in this inform	ation to identify your o	ase:			
De	ebtor 1	Shunkea Brown First Name	Middle Name	Last Name		
1 -	ebtor 2 pouse if, filing)	First Name	Middle Name	Last Name		
Ur	nited States Ban	kruptcy Court for the:	WESTERN DISTRICT O	F MICHIGAN		
	ase number					☐ Check if this is an amended filing
	fficial For chedule		perty You C	laim as Exemp	t	4/19
the nee	property you list	ted on <i>Schedule A/B: P</i> attach to this page as r	roperty (Official Form 106A	A/B) as your source, list the prop	erty that you	or supplying correct information. Using claim as exempt. If more space is additional pages, write your name and
spe any fun exe	ecific dollar am y applicable sta ids—may be un emption to a pa	ount as exempt. Altern tutory limit. Some exe Ilimited in dollar amou	natively, you may claim the mptions—such as those nt. However, if you claim	ne full fair market value of the for health aids, rights to rece an exemption of 100% of fair	property be ive certain I market valu	One way of doing so is to state a bing exempted up to the amount of benefits, and tax-exempt retirement ue under a law that limits the t, your exemption would be limited
Pa	art 1: Identify	the Property You Cla	m as Exempt			
1.	Which set of e	exemptions are you cl	aiming? Check one only,	even if your spouse is filing with	you.	
	☐ You are clai	iming state and federal	nonbankruptcy exemptions	s. 11 U.S.C. § 522(b)(3)		
	■ You are clai	iming federal exemption	s. 11 U.S.C. § 522(b)(2)			
2.	For any prope	erty you list on Schedu	ıle A/B that you claim as	exempt, fill in the information	below.	
		n of the property and line nat lists this property	on Current value of the portion you own	e Amount of the exemption ye	ou claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each	exemption.	
	2003 GMC E	nvoy 250,000 miles	\$2,000.0	<u>o</u> ■	\$2,000.00	11 U.S.C. § 522(d)(2)
				☐ 100% of fair market \	alue, up to	

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
2003 GMC Envoy 250,000 miles	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(2)
Ellie II olii ochedale PVB. G. 1			100% of fair market value, up to any applicable statutory limit	
Misc. items No single item over \$600	\$1,750.00		\$1,750.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Misc. items	\$400.00		\$400.00	11 U.S.C. § 522(d)(3)
Line Iron Schedule AVD. 111			100% of fair market value, up to any applicable statutory limit	
books, dvds, and misc. nick nacks Line from Schedule A/B: 8.1	\$200.00		\$200.00	11 U.S.C. § 522(d)(3)
Line IIIIII Scriedule AVB. 6.1			100% of fair market value, up to any applicable statutory limit	
Clothing and accessories Line from Schedule A/B: 11.1	\$3,000.00		\$3,000.00	11 U.S.C. § 522(d)(3)
LINE HOLL SCHEUUIG PAD. 11.1			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 16 of 65

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Dog-poodle Line from Schedule A/B: 13.1	\$1.00		\$1.00	11 U.S.C. § 522(d)(3)
	Line noin ositedate 702. Terr			100% of fair market value, up to any applicable statutory limit	
	Cash Line from Schedule A/B: 16.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)
	Zine nem eshedate / v Zi ven			100% of fair market value, up to any applicable statutory limit	
	Checking: Lake Trust Line from Schedule A/B: 17.1	\$256.02	•	\$256.02	11 U.S.C. § 522(d)(5)
	Zine nein esinedate /vZi · · · ·			100% of fair market value, up to any applicable statutory limit	
	Savings: Lake Trust Line from Schedule A/B: 17.2	\$3,080.76		\$3,080.76	11 U.S.C. § 522(d)(5)
				100% of fair market value, up to any applicable statutory limit	
	401(k): State of Michigan Line from Schedule A/B: 21.1	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(12)
				100% of fair market value, up to any applicable statutory limit	
	Security Deposit: Landlord Line from Schedule A/B: 22.1	\$600.00		\$600.00	11 U.S.C. § 522(d)(5)
	Line nom osnedale /vB. ==1			100% of fair market value, up to any applicable statutory limit	
	Federal/State/Local: 2019 anticipated refunds	\$3,000.00		\$3,000.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every 3			led on or after the date of adjustme	nnt.)
	■ No				
	Yes. Did you acquire the property covere	ed by the exemption wi	thin 1	,215 days before you filed this case	?
	□ No □ Yes				
	П 162				

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 17 of 65

Fill in this infor	mation to identify your	case:		
Debtor 1	Shunkea Brown			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (OF MICHIGAN	
Case number				
(if known)				

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

	Case.13-	03121-3Wu	DUC #.1	i ileu. U	0/30/19 F	age 10 01 05	
Fill in this info	ormation to identify your o	case:					
Debtor 1	Shunkea Brown						
	First Name	Middle Name		Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name			
United States E	Bankruptcy Court for the:	WESTERN DIS	TRICT OF MIC	CHIGAN			
Case number (if known)						_	Check if this is an amended filing
	rm 106E/F E/F: Creditors W	ho Have U	nsecured	Claims			12/15
any executory co Schedule G: Exe Schedule D: Cre eft. Attach the C name and case n	and accurate as possible. Use ontracts or unexpired leases cutory Contracts and Unexpi ditors Who Have Claims Sect ontinuation Page to this page number (if known). All of Your PRIORITY Un.	that could result in red Leases (Offici- ured by Property. I e. If you have no in	n a claim. Also al Form 106G). I f more space is	list executory o Do not include needed, copy t	ontracts on Schedu any creditors with p the Part you need, f	ule A/B: Property (Office partially secured claim ill it out, number the e	cial Form 106A/B) and on s that are listed in ntries in the boxes on the
1. Do any cred	litors have priority unsecured	d claims against yo	ou?				
■ No. Go to	Part 2.						
☐ Yes.							
	All of Your NONPRIORIT						
3. Do any cred	litors have nonpriority unsec	ured claims agains	st you?				
☐ No. You	have nothing to report in this pa	art. Submit this form	to the court with	your other sche	edules.		
Yes.							
unsecured c	our nonpriority unsecured cla laim, list the creditor separately ditor holds a particular claim, li	for each claim. For	each claim listed	d, identify what t	ype of claim it is. Do	not list claims already in	ncluded in Part 1. If more
							Total claim
4.1 Amer	ican Medical Collection	ns Las	st 4 digits of acc	count number	xxxx		\$675.00
	rity Creditor's Name				2/2242		
	stchester Plaza ford, NY 10523	Wh	en was the deb	t incurred?	6/2018		_
	Street City State Zip Code	As	of the date you	file, the claim i	s: Check all that app	ly	
Who in	curred the debt? Check one.						
■ Deb	tor 1 only		Contingent				
☐ Deb	tor 2 only		Unliquidated				
☐ Deb	tor 1 and Debtor 2 only		Disputed				
☐ At le	east one of the debtors and and	_	e of NONPRIOR	RITY unsecured	d claim:		
	ck if this claim is for a comn	nunity	Student loans				
debt Is the c	laim subject to offset?		Obligations arisi ort as priority cla		ration agreement or	divorce that you did not	
■ No			. ,		g plans, and other si	milar debts	
— 1NO		_	•	•	account for Me		
☐ Yes		•			s Incorporated		_

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 19 of 65

Debto	or 1 Shunkea Brown		Case number (if known)	
4.2	Big Picture Loans	Last 4 digits of account number	3689	\$1,465.33
	Nonpriority Creditor's Name E23970 Pow Wow Trail	When was the debt incurred?	unknown	
	Watersmeet, MI 49969 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	■ Other. Specify Personal L	oan	
4.3	Capital One Bank USA	Last 4 digits of account number	xxxx	\$1,828.00
	Nonpriority Creditor's Name PO Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	08/2013	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit card	purchases	
4.4	Comenity Bank	Last 4 digits of account number	xxxx	\$573.00
	Nonpriority Creditor's Name PO Box 182789	When was the debt incurred?	5/2017	
	Columbus, OH 43218-2789 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card	purchases Victoria Secrets	

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 20 of 65

Debtor 1 Shunkea Brown				
4.5	Comenity Capital Bank Nonpriority Creditor's Name	Last 4 digits of account number	xxxx	\$408.00
	PO Box 182120 Columbus, OH 43218	When was the debt incurred?	11/2017	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card	purchases for Ulta	
4.6	Convergent Outsourcing, Inc Nonpriority Creditor's Name	Last 4 digits of account number	1517	\$691.70
	800 SW 39th St PO Box 9004	When was the debt incurred?	2/2018	
	Renton, WA 98057 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection	account for LVNV Funding LLC	
4.7	Credit One Bank	Last 4 digits of account number	xxxx	\$1,340.00
	Nonpriority Creditor's Name PO Box 98872	When was the debt incurred?	7/2014	
	Las Vegas, NV 89193-8872 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	•		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card	purchases	
			•	

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 21 of 65

Debto	Shunkea Brown			
4.8	Dept of Ed/Navient	Last 4 digits of account number	xxxx	\$84,128.49
	Nonpriority Creditor's Name 123 Justison Street 3rd Floor	When was the debt incurred?	11/2015	
	Wilmington, DE 19807 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	Other. Specify		
		Student Lo	an	
4.9	Discover Financial Service LLC Nonpriority Creditor's Name	Last 4 digits of account number	xxxx	\$393.00
	PO Box 15316 Wilmington, DE 19850-5316	When was the debt incurred?	04/2105	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card	purchases	
4.1	Financial Recovery Services	Last 4 digits of account number	Y764	\$2,382.01
	Nonpriority Creditor's Name PO Box 385908 Minneapolis, MN 55438-5908	When was the debt incurred?	unknown	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection	account	

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 22 of 65

Debtor 1 Shunkea Brown		Case number (if known)				
4.1	Great Plains Lending LLC	Last 4 digits of account number	50xx	\$1,486.00		
	Nonpriority Creditor's Name 112 Paradise Dr Suite B	When was the debt incurred?	11/2016			
	Red Rock, OK 74651 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Personal Lo	oan			
4.1	Hunter Warfield Inc	Last 4 digits of account number	31xx	\$2,899.00		
	Nonpriority Creditor's Name 4620 Woodland Inc Tampa, FL 33614	When was the debt incurred?	8/2016			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	■ Other. Specify LLC	account for Midwest Lifestyles			
4.1	HY Cite Service Royal Prestige	Last 4 digits of account number	xxxx	\$2,573.00		
	Nonpriority Creditor's Name 333 Holtzman Rd Madison, WI 53713	When was the debt incurred?	1/2016			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	·			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Other				

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 23 of 65

Debtor 1 Shunkea Brown		Case number (if known)				
4.1	Kahla Dant Stara		VVVV	¢4 074 00		
4	Kohls Dept Store Nonpriority Creditor's Name	Last 4 digits of account number	<u> </u>	\$1,071.00		
	PO Box 3115	When was the debt incurred?	05/2015			
	Milwaukee, WI 53201 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	,				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?		ration agreement or divorce that you did not			
	No	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debts			
	□ Yes	· · ·	• •			
	Yes	Other. Specify Credit card	purchases			
4.1						
5	Lansing Prof. Business Bureau	Last 4 digits of account number	xxxx	\$225.00		
	Nonpriority Creditor's Name PO Box 290	When was the debt incurred?	11/2015			
	Saint Johns, MI 48879-0290	_				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only					
	☐ Debtor 2 only					
	☐ Debtor 1 and Debtor 2 only					
	\square At least one of the debtors and another	d claim:				
	Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
		_ Collection	account for Sparrow Regional			
	Yes	Other. Specify Lab				
4.1						
6	LVNV Funding LLC Nonpriority Creditor's Name	Last 4 digits of account number	XXXX	\$2,382.00		
	C/O Resurgent Capital Services	When was the debt incurred?	8/2018			
	PO Box 1269					
	Greenville, SC 29603 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	7.5 or the date you me, the claim.	o. Oncok an mai apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only					
	☐ At least one of the debtors and another	east one of the debtors and another Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Other. Specify Collection a	account for Capital Offe			

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 24 of 65

Debto	Shunkea Brown	Case number (if known)				
4.1			0007	44.544.00		
7	Merrick Bank	Last 4 digits of account number	6207	\$1,514.00		
	Nonpriority Creditor's Name PO Box 9201	When was the debt incurred?	09/2014			
	Old Bethpage, NY 11804					
	Number Street City State Zip Code	As of the date you file, the claim is	S: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing	•			
	Yes	Other. Specify Credit card	purchases			
4.1	Messenger Dermatology		2177	\$48.82		
8	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ40.02		
	1515 Lake Lansing Rd	When was the debt incurred?	unknown			
	Suite A		<u>- '' </u>			
	Lansing, MI 48912					
	Number Street City State Zip Code	S: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:			
	☐ Check if this claim is for a community	Student loans				
	debt	Obligations arising out of a separ				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing	•			
	Yes	Other. Specify Medical Exp	pense			
4.1	Midnight Velvet		xxxx	\$150.00		
9	Nonpriority Creditor's Name	Last 4 digits of account number		φ130.00		
	1112 7th Ave	When was the debt incurred?	8/2017			
	PO Box 2816					
	Monroe, WI 53566					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is	S: Check all that apply			
	_					
	Debtor 1 only	Contingent				
	Debtor 2 only	Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	······································				
	☐ Check if this claim is for a community	Student loans				
	debt	Obligations arising out of a separ				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing	• •			
	□ Yes	Other Specify Line of Cred	dit			

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 25 of 65

Debtor	Shunkea Brown	Case number (if known)						
4.2			****					
0	Portfolio Recovery Associates	Last 4 digits of account number XXXX	\$436.00					
	Nonpriority Creditor's Name 120 Corporate Blvd Norfolk, VA 23502	When was the debt incurred? 7/2018						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	■ Debtor 1 only	☐ Contingent						
	□ Debtor 2 only □ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts						
	Yes	■ Other. Specify Collection account for Capital One						
4.2	Progressive Leasing	Last 4 digits of account number 9117	\$621.84					
1	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ02.101					
	256 West Data Drive Draper, UT 84020	When was the debt incurred? 3/2019						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	Debtor 1 only	Contingent						
	Debtor 2 only	Unliquidated						
	□ Debtor 1 and Debtor 2 only □ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans						
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	Yes	Other. Specify Other						
4.2	Republic Bank/Build	Last 4 digits of account number XXXX	\$674.00					
2	Nonpriority Creditor's Name	Last 4 digits of account fidinger	401 1100					
	PO Box 9203 Old Bethpage, NY 11804	When was the debt incurred? 10/2017						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only							
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community debt	Student loans						
	dept Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	□Yes	■ Other Specify Credit card purchases						
	- -	— Guior. Openity						

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 26 of 65

Debto	Shunkea Brown	Case number (if known)					
4.2	RMP	Lock A digito of account number	3850	\$37.43			
3	Nonpriority Creditor's Name 8155 Executive Court	Last 4 digits of account number When was the debt incurred?	9/2017	ψ37.43			
	Suite 10 Lansing, MI 48917-7774 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	■ Debtor 1 only						
	Debtor 2 only	☐ Contingent☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Collection	account for Lansing Urgent Care				
4.2	Synchrony Bank	Last 4 digits of account number	хххх	\$412.00			
	Nonpriority Creditor's Name Bankruptcy Dept PO Box 965061	When was the debt incurred?	4/2014				
	Orlando, FL 32896-5061 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim					
	Debtor 1 only	ebtor 1 only					
	Debtor 2 only						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Credit card	purchases Amazon PLLC				
4.2 5	Synchrony Bank	Last 4 digits of account number	xxxx	\$449.00			
	Nonpriority Creditor's Name Bankruptcy Dept PO Box 965061	When was the debt incurred?	7/2105				
	Orlando, FL 32896-5061 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only						
	☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	□Yes	Other. Specify Credit card	purchases Walmart				

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 27 of 65

Debtor	1 Shunkea Brown	Case number (if known)						
4.2 6	Webbank/Fingerhut	Last 4 digits of account number	xxxx	\$3,247.00				
	Nonpriority Creditor's Name 6250 Ridgewood Road Saint Cloud, MN 56303	When was the debt incurred?	3/2014					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify Credit card	purchases	-				
4.2	Westgate Vacation Villas, LLC	Last 4 digits of account number	3882	Unknown				
	Nonpriority Creditor's Name 2801 Old Winter Garden Rd	When was the debt incurred?	3/2019					
	Ocoee, FL 34761 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	□Yes	Other. Specify Other		-				
Part 3:	List Others to Be Notified About a De	ebt That You Already Listed						
is tryi have ı	nis page only if you have others to be notified ng to collect from you for a debt you owe to s more than one creditor for any of the debts the ed for any debts in Parts 1 or 2, do not fill out	omeone else, list the original creditor in at you listed in Parts 1 or 2, list the addi	Parts 1 or 2, then list the collection agenc	y here. Similarly, if you				
	nd Address Il Credit & Collection	On which entry in Part 1 or Part 2 did you	_					
	N Cumberland Ave		Part 1: Creditors with Priority Unsecured Cla					
Suite		•	Part 2: Creditors with Nonpriority Unsecured	Claims				
Chica	go, IL 60656	Last 4 digits of account number	8085					
	nd Address ed Financial Services LLC	On which entry in Part 1 or Part 2 did you Line 4.22 of (<i>Check one</i>):	list the original creditor? Part 1: Creditors with Priority Unsecured Cla	ima				
PO Bo		` ′	Part 2: Creditors with Nonpriority Unsecured					
Skoki	e, IL 60076		- Part 2. Creditors with Nonphority Orisecured	Ciairis				
		Last 4 digits of account number						
	nd Address	On which entry in Part 1 or Part 2 did you	_					
	son Capital Systems LLC Leland Road		Part 1: Creditors with Priority Unsecured Cla					
	Cloud, MN 56303	•	Part 2: Creditors with Nonpriority Unsecured	Claims				
		Last 4 digits of account number						
Name a	nd Address	On which entry in Part 1 or Part 2 did you	list the original creditor?					
	nants & Medical	Line <u>4.14</u> of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Cla	ims				
6324	Гaylor Dr	•	Part 2: Creditors with Nonpriority Unsecured	Claims				

Official Form 106 E/F

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 28 of 65

Debtor 1 Shunkea Brown		Case number (if known)		
Flint, MI 48507-4685	Last 4 digits of account number			
Name and Address Midland Credit Management PO Box 13105 Roanoke, VA 24031-3105	On which entry in Part 1 or Part 2 de Line 4.7 of (Check one): Last 4 digits of account number	lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Name and Address Midland Credit Management PO Box 13105 Roanoke, VA 24031-3105	On which entry in Part 1 or Part 2 d Line 4.24 of (Check one): Last 4 digits of account number	lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Name and Address Midland Funding LLC 2365 Northside Drive Suite 300 San Diego, CA 92108	On which entry in Part 1 or Part 2 de Line 4.24 of (Check one): Last 4 digits of account number	lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Name and Address Portfolio Recovery Associates 120 Corporate Blvd Norfolk, VA 23502	On which entry in Part 1 or Part 2 d Line 4.4 of (Check one): Last 4 digits of account number	lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Name and Address Resurgent/LVNV Funding PO Box 1269 Greenville, SC 29602	On which entry in Part 1 or Part 2 d Line 4.16 of (Check one): Last 4 digits of account number	lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 84,128.49
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 27,982.13
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 112,110.62

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 29 of 65

Fill in this infor	mation to identify your	case:		
Debtor 1	Shunkea Brown			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT (OF MICHIGAN	
Case number				
(if known)				Check if this is a amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Numbe	whom you have th r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 30 of 65

Fill in this	information to identify your	case:			
Debtor 1	Shunkea Brown				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	WESTERN DISTRICT (OF MICHIGAN		
Case num (if known)	ber				☐ Check if this is an
					amended filing
Officia	l Form 106H				
	lule H: Your Cod	ebtors			12/15
	<u> </u>				12/10
ill it out, a our name	and number the entries in the and case number (if known	boxes on the left. Attach . Answer every question	n the Additional Page t	o this page. On the top	eeded, copy the Additional Page, o of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No					
☐ Yes	3				
	hin the last 8 years, have you na, California, Idaho, Louisiana				states and territories include
	Go to line 3. s. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line Form out Co	e 2 again as a codebtor only 106D), Schedule E/F (Officia olumn 2.	f that person is a guaran	tor or cosigner. Make	sure you have listed the	g with you. List the person shown le creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	ditor to whom you owe the debt s that apply:
3.1				☐ Schedule D, line	9
	Name			☐ Schedule E/F, li	
				☐ Schedule G, line	e
	Number Street City	State	ZIP Code	_	
3.2	Name			☐ Schedule D, line	
				☐ Schedule E/F, li ☐ Schedule G, line	
-	Number Street				
	City	State	ZIP Code		

Fill	in this information to identify your o	ase:						
Del	otor 1 Shunkea Br	own						
	otor 2							
Uni	ted States Bankruptcy Court for the	e: WESTERN DISTRICT	T OF MICHIGAN					
	se number 		-				ed filing	ostpetition chapter wing date:
0	fficial Form 106I				Ī	MM / DD/ Y	YYYY	
S	chedule I: Your Inc	ome						12/15
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not fili or spouse is not filing w	ng jointly, and your spo ith you, do not include i	ouse is linforma	living with	you, incl t your spo	ude informati ouse. If more	ion about your space is needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	2 or non-filing	j spouse
	If you have more than one job, attach a separate page with	Employment status	■ Employed			☐ Empl	•	
	information about additional employers.	Occupation	☐ Not employed Customer Service			□ Not e	mployed	
	Include part-time, seasonal, or self-employed work.	Employer's name	State of Michigan					
	Occupation may include student or homemaker, if it applies.	Employer's address	7285 Parsons Drive Dimondale, MI 488	-				
		How long employed t	here? 4 months			_		
Par	t 2: Give Details About Mo	nthly Income						
	mate monthly income as of the duse unless you are separated.	late you file this form. If	you have nothing to repo	rt for an	y line, writ	e \$0 in the	space. Includ	e your non-filing
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information fo	r all em	ployers for	that perso	on on the lines	below. If you need
					For De	btor 1	For Debto	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$3	3,672.98	\$	N/A
3.	Estimate and list monthly over	time pay.		3. +	\$	0.00	+\$	N/A

Calculate gross Income. Add line 2 + line 3.

4. \$ 3,672.98

N/A

Deb	otor 1	Shunkea Brown	-	Cas	e number (<i>if known</i>)			
				Fo	or Debtor 1	For I	Debtor 2 or	
					20510. 1		filing spouse	
	Copy	y line 4 here	4.	\$	3,672.98	\$	N/A	<u>-</u>
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	594.19	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	_
	5e.	Insurance	5e.	\$	239.24	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	_
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify: Dental	5h	+ \$	5.03	+ \$	N/A	
		LTD		\$	58.57	\$	N/A	
		Legal Plan		\$	19.50	\$	N/A	<u>. </u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	916.53	\$	N/A	<u>. </u>
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,756.45	\$	N/A	<u> </u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	_
	8b.	Interest and dividends	8b.	\$	0.00	\$-	N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent		Ψ_	0.00	Ψ	IN/A	<u>.</u>
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A	_
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	_
	8h.	Other monthly income. Specify:	8h	+ \$	0.00	+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$	N/A	A
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	S	2,756.45 + \$		N/A = \$	2,756.45
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your r friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not scify:	deper				chedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$	2,756.45
13.	Do y	ou expect an increase or decrease within the year after you file this form	?				Combi month	ned ly income
	_	No.						

Fill	in this informa	tion to identify yo	our case:			1						
		-				Chec	k if this is:					
Shunkea Brown							An amended filing					
	otor 2 ouse, if filing)							ving postpetition chapter the following date:				
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN							MM / DD / YYYY					
	e number nown)											
O.	fficial Fo	rm 106J										
S	chedule	J: Your	Exper	ises				12/15				
Be	as complete a	and accurate as	possible eded, atta	. If two married people and the control of the cont								
Par		ibe Your House	hold									
1.	Is this a joir No. Go to	line 2.										
			n a separ	ate household?								
	□ N	_	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Debt	or 2.					
2.	Do you have dependents? ☐ No											
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent				Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?				
	Do not state dependents				Daughter		11	□ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes				
								□ No □ Yes				
3.	expenses of	penses include f people other to d your depende	han $_{oldsymbol{\sqcap}}$	No Yes				1 163				
Est	t 2: Estim	ate Your Ongoi	ng Monthi	ly Expenses uptcy filing date unless y y is filed. If this is a supp								
the		n assistance an		government assistance i cluded it on <i>Schedule I:</i> \			Your exp	enses				
4.	The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.					e 4. \$		750.00				
	If not includ	led in line 4:										
	4a. Real e	estate taxes				4a. \$		0.00				
		rty, homeowner's				4b. \$		10.00				
		maintenance, re owner's associat		upkeep expenses dominium dues		4c. \$ 4d. \$		0.00				
5.				our residence, such as ho	me equity loans	5. \$		0.00				

ebtor 1 S	hunkea Brown	Case num	iber (if known)	
Utilities				
	ectricity, heat, natural gas	6a.	\$	120.00
	ater, sewer, garbage collection	6b.		0.00
6c. Te	elephone, cell phone, Internet, satellite, and cable services	6c.		165.00
6d. O	ther. Specify:	6d.	\$	0.00
	nd housekeeping supplies		\$	525.00
	re and children's education costs	8.	\$	0.00
Clothin	g, laundry, and dry cleaning	9.	\$	200.00
	al care products and services	10.	\$	100.00
1. Medical	and dental expenses	11.	\$	50.00
	ortation. Include gas, maintenance, bus or train fare.		_	000.00
	nclude car payments.	12.	· <u> </u>	200.00
	nment, clubs, recreation, newspapers, magazines, and books	13.	·	25.00
	ble contributions and religious donations	14.	\$	50.00
. Insuran				
	nclude insurance deducted from your pay or included in lines 4 or 20. fe insurance	15a.	¢	0.00
		15a. 15b.	·	0.00
	ealth insurance ehicle insurance	150. 15c.	·	0.00 110.00
		15d.	·	
	ther insurance. Specify:	13u.	Φ	0.00
Specify:		16.	\$	0.00
	ent or lease payments:		Ψ	0.00
	ar payments for Vehicle 1	17a.	\$	288.00
	ar payments for Vehicle 2	17b.	·	0.00
	ther. Specify:	17c.	·	0.00
	ther. Specify:	17d.	\$	0.00
	yments of alimony, maintenance, and support that you did not report as	S	·	
deducte	ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
. Other p	ayments you make to support others who do not live with you.		\$	0.00
Specify:		19.		
	eal property expenses not included in lines 4 or 5 of this form or on Sch			
	ortgages on other property	20a.	·	0.00
	eal estate taxes	20b.		0.00
	roperty, homeowner's, or renter's insurance	20c.	·	0.00
	aintenance, repair, and upkeep expenses	20d.	·	0.00
	omeowner's association or condominium dues	20e.	*	0.00
. Other: S	<u> </u>	21.	·	10.00
misc/g			+\$	50.00
pet/vet			+\$	15.00
Calcula	te your monthly expenses			
	d lines 4 through 21.		\$	2,668.00
	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	_,000.00
	d line 22a and 22b. The result is your monthly expenses.		\$	2,668.00
220. Au	a mio 22a ana 22b. The result to your monthly expenses.			2,000.00
	te your monthly net income.			
	opy line 12 (your combined monthly income) from Schedule I.	23a.	·	2,756.45
23b. C	opy your monthly expenses from line 22c above.	23b.	-\$	2,668.00
	ubtract your monthly expenses from your monthly income.	220	\$	88.45
TI	ne result is your monthly net income.	23c.	\$	00.43
1 Do you	expect an increase or decrease in your expenses within the year after your	ou file this	s form?	
	ple, do you expect to finish paying for your car loan within the year or do you expect you			ase or decrease because of
	on to the terms of your mortgage?	3-3-1	. ,	
■ No.				
☐ Yes.	Explain here:			

Fill in th	nis informa	ation to identify your	case:					
Debtor '	1	Shunkea Brown						
		First Name	Middle Name	Las	st Name			
Debtor 2 (Spouse if		First Name	Middle Name	Las	st Name			
United S	States Bank	ruptcy Court for the:	WESTERN DISTRIC	T OF MICHIG	AN			
Case nu	ımber						☐ Check if this is an	
(amended filing	
Dec	laratio	106Dec on About a					12/1	5
If two m	arried peo _l	ple are filing together	, both are equally res	ponsible for s	upplying correct i	nformation.		
obtainin	g money o		connection with a b				tement, concealing property, or 00, or imprisonment for up to 20	
	Sign E	Below						
Dio	d you pay o	or agree to pay some	one who is NOT an at	torney to help	you fill out bankr	uptcy forms?		
	No							
							nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
						200.0.0.0	,, and eighalare (eineidir einir i re	,
		of perjury, I declare rue and correct.	that I have read the s	ummary and s	chedules filed wit	h this declarat	on and	
х	/s/ Shunl	kea Brown		х				
	Shunkea			^	Signature of Debt	or 2		_
	Signature	of Debtor 1						
	Date Au	ıgust 30, 2019			Date			

	in this inforn	nation to identify you	r case:										
Del	otor 1	Shunkea Brown First Name	Middle Name	Last Name									
_	otor 2 ouse if, filing)	First Name	Middle Name	Last Name									
Uni	ted States Ba	nkruptcy Court for the:	WESTERN DISTRICT OF	MICHIGAN									
	se number				_	heck if this is an mended filing							
Sta Be a	as complete a	of Financial and accurate as possiore space is needed,	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for supp additional pages, write you								
		n). Answer every ques Details About Your Ma	stion. rital Status and Where You	Lived Before									
1.	What is you	at is your current marital status?											
	☐ Married■ Not mar	ried											
2.	During the last 3 years, have you lived anywhere other than where you live now?												
	 ■ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. 												
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there							
3. state					ity property state or territory co, Texas, Washington and W								
	■ No □ Yes. Ma	ike sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	ficial Form 106H).									
Pai	t 2 Explai	n the Sources of You	r Income										
4.	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	III businesses, including part-		dar years?							
	□ No ■ Yes. Fill	in the details.											
			Debtor 1		Debtor 2								
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)							
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions, bonuses, tips	\$35,427.27	☐ Wages, commissions, bonuses, tips								
			☐ Operating a business		☐ Operating a business								

Official Form 107

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 37 of 65

Debtor 1 Shunkea Brown				Case number (if known)				
				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of incommendation Check all that a		Gross income (before deductions and exclusions)
		dar year: December	31, 2018)	■ Wages, commissions, bonuses, tips	\$42,973.00	☐ Wages, combonuses, tips	missions,	
				☐ Operating a business		Operating a	business	
		dar year be December		■ Wages, commissions, bonuses, tips	\$44,053.00	☐ Wages, combonuses, tips	missions,	
				☐ Operating a business		Operating a	business	
an wir	d other nnings. It each s	public bene If you are fil	fit payments; ping a joint cas	er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separat	est; dividends; money collect rou received together, list it c	ted from lawsuits; only once under De	royalties; and ebtor 1.	
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.		Gross income (before deductions and exclusions)
Part 3:	List	Certain Pa	yments You	Made Before You Filed for I	Bankruptcy			
6. Ar □	No.	Neither Dindividual During the No. Yes	90 days befo Go to line 7. List below e paid that cre not include to adjustment or Debtor 2 of 90 days befo Go to line 7. List below e	ach creditor to whom you paid to. Do not include payment bayments to an attorney for the on 4/01/22 and every 3 years ar both have primarily consure you filed for bankruptcy, displaying the consuments of the control	d you pay any creditor a total d a total of \$6,825* or more its for domestic support oblighis bankruptcy case. It after that for cases filed on timer debts. d a total of \$600 or more and d a total of \$600 or more and d purpose.	I of \$6,825* or more none or more pay pations, such as chor after the date of I of \$600 or more?	re? rments and the support and fadjustment.	ne total amount you nd alimony. Also, do creditor. Do not
C	raditar'	s Name an	attorney for	this bankruptcy case. Dates of payme				payment for
C	GUNUI	o Haille dil	u Auuless	Dates of payme	paid	Amount you still owe	νιαο τιπο μ	aymentiol

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 38 of 65

Case number (if known)

7.	Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general prof which you are an officer, director, person in a business you operate as a sole proprietor. alimony.	artners; relatives of an control, or owner of 2	y general partners; partners, partne	erships of which yo g securities; and ar	u are a genera ny managing a	al partner; corporations gent, including one for
	■ No□ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or continuous payments on debts guaranteed or continuous payments.		y payments or transfer a	any property on a	ccount of a d	ebt that benefited an
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment litor's name
Pai	rt 4: Identify Legal Actions, Repossessio	ns. and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	e Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.		property repossessed, f	oreclosed, garnis	hed, attached	d, seized, or levied?
	Creditor Name and Address	Describe the Prop	•	Date		Value of the property
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed No Yes. Fill in the details.	ptcy, did any credito	r, including a bank or fi	nancial institution	, set off any a	amounts from your
	Creditor Name and Address	Describe the action	on the creditor took	Date :	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		property in the possess	ion of an assigne	e for the bene	efit of creditors, a
	■ No □ Yes					
Pai	rt 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	otcy, did you give any	y gifts with a total value	of more than \$60	0 per person'	?
	Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	Describe the	gifts	Dates the gi	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:					

Debtor 1 Shunkea Brown

Case number (if known)

14.	Within 2 years before you filed for bank	ruptcy,	did you give any gifts or contribution	s with a tota	I value of more than	\$600 to any charity?
	No					
	Yes. Fill in the details for each gift or		ition.			
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co.		Describe what you contributed		Dates you contributed	Value
Pai	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankr	uptcy o	r since you filed for bankruptcy, did y	ou lose anyt	hing because of the	ft, fire, other disaster
	or gambling?	. ,		,	J	,
	■ No					
	Yes. Fill in the details.					
	Describe the property you lost and	Desc	ribe any insurance coverage for the lo	oss	Date of your	Value of property
	how the loss occurred		le the amount that insurance has paid. L		loss	lost
			ance claims on line 33 of Schedule A/B:			
Pai	t 7: List Certain Payments or Transfel	re				
	•					
16.	Within 1 year before you filed for bankruconsulted about seeking bankruptcy or Include any attorneys, bankruptcy petition	prepar	ing a bankruptcy petition?			erty to anyone you
	■ No					
	Yes. Fill in the details.					
	Person Who Was Paid		Description and value of any propo	ortv	Date payment	Amount of
	Address		transferred	city	or transfer was	payment
	Email or website address	V			made	
	Person Who Made the Payment, if Not	Tou				
17.	Within 1 year before you filed for bankr promised to help you deal with your cre Do not include any payment or transfer that	editors	or to make payments to your creditor		r transfer any prope	erty to anyone who
	■ No					
	Yes. Fill in the details.					
	Person Who Was Paid		Description and value of any propo	ertv	Date payment	Amount of
	Address		transferred	city	or transfer was made	payment
18.	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have all No Yes. Fill in the details.	ur busi rs made	ness or financial affairs? as security (such as the granting of a se			
			Description and value of	Describe	any property or	Data transfer was
	Person Who Received Transfer Address		Description and value of property transferred	payments	received or debts	Date transfer was made
	Person's relationship to you			paid in ex	cnange	
19.	Within 10 years before you filed for ban beneficiary? (These are often called asset			elf-settled tru	ıst or similar device	of which you are a
	■ No	-	·			
	Yes. Fill in the details.					
	Name of trust		Description and value of the prope	erty transferr	ed	Date Transfer was made

Debtor 1 Shunkea Brown

Par	8: List of Certain Financial Accounts, In	struments, Safe Depos	it Boxes, and Sto	rage Unit	s		
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.						
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accou instrument	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed fo	or bankruptcy, an	y safe der	posit box or other deposi	tory for securities,	
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?	
22.	Have you stored property in a storage unit	or place other than you	r home within 1 y	year befor	e you filed for bankruptc	y?	
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?	
Par	9: Identify Property You Hold or Control	I for Someone Else					
23.	Do you hold or control any property that so for someone.		lude any property	y you borı	rowed from, are storing fo	or, or hold in trust	
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property	Value	
Par	10: Give Details About Environmental Inf	ormation					
For	he purpose of Part 10, the following definiti	ions apply:					
	Environmental law means any federal, state toxic substances, wastes, or material into tregulations controlling the cleanup of these	he air, land, soil, surfac	e water, ground				
	Site means any location, facility, or propert to own, operate, or utilize it, including disp	-	environmental la	aw, wheth	er you now own, operate	, or utilize it or used	
	<i>Hazardous material</i> means anything an env hazardous material, pollutant, contaminant		as a hazardous	waste, ha	zardous substance, toxic	substance,	
Rep	ort all notices, releases, and proceedings th	at you know about, reg	ardless of when	they occu	ırred.		
24.	Has any governmental unit notified you tha	nt you may be liable or μ	ootentially liable (under or i	n violation of an environr	nental law?	
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental un Address (Number,		Enviro know	onmental law, if you it	Date of notice	

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 41 of 65

Del	otor	1 Shunkea Brown		Cas	e number (if known)	
25.	На	ve you notified any governmental unit o	f any release of hazardous material?			
	_		•			
25. Have you notified any governmental unit of any release of hazardous material? No		Environmental law. if you	Date of notice			
			Address (Number, Street, City, State and			
26.	На	ve you been a party in any judicial or ad	ministrative proceeding under any envir	ronn	nental law? Include settlements	and orders.
No Yes. Fill in the details. Name of all and proprietor or self-employed in a trade, profession, or other partiers of the totalis details (Part No Name of all and proprietor or self-employed in a trade, profession, or other partiers No Name of all little display above and fill in the details below. Name of accountant or bookkeeper Name of accountant						
		Yes. Fill in the details.				
				Nat	ure of the case	
	C	ase Number	Address (Number, Street, City,			case
Par	rt 11	Give Details About Your Business or	Connections to Any Business			
27.	Wi	thin 4 years before you filed for bankrup	otcy, did you own a business or have an	y of	the following connections to ar	ny business?
		☐ A sole proprietor or self-employed	in a trade, profession, or other activity,	eith	er full-time or part-time	
		☐ A member of a limited liability com	pany (LLC) or limited liability partnershi	ip (L	LP)	
		☐ A partner in a partnership				
		☐ An officer, director, or managing ex	xecutive of a corporation			
		☐ An owner of at least 5% of the votir	ng or equity securities of a corporation			
		No. None of the above applies. Go to	Part 12.			
		• •		·-		
	В				Employer Identification number	er
			Name of accountant or bookkeeper		Do not include Social Security	number or ITIN.
					Dates business existed	
28.			etcy, did you give a financial statement to	o an	yone about your business? Inc	lude all financial
		No				
		Yes. Fill in the details below.				
			Date Issued			
	(N	umber, Street, City, State and ZIP Code)				
Par	rt 12	Sign Below				
are with	true ı a b	e and correct. I understand that making a pankruptcy case can result in fines up to	a false statement, concealing property, o	or ob	taining money or property by f	
			_			
			Signature of Debtor 2			
Dat	te .	August 30, 2019	Date			
- N	Ю	attach additional pages to Your Statem	ent of Financial Affairs for Individuals F	iling	ofor Bankruptcy (Official Form	107)?
_	-	pay or agree to pay someone who is no	ot an attorney to help you fill out bankru	ptcy	forms?	
_		Name of Person Attach the Bankro	uptcy Petition Preparer's Notice, Declaratio	on, a	nd Signature (Official Form 119).	
			ment of Financial Affairs for Individuals Filing		• ,	page 6

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 42 of 65

Fill in this infor	mation to identify you	r case:			
Debtor 1	Shunkea Brown				
Dobtor 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT C	OF MICHIGAN		
Case number					
(if known)					theck if this is an mended filing
Official Fo	orm 108				
Stateme	nt of Intention	on for Individu	ials Filing Unde	r Chapter 7	12/15
If you are an ind	ividual filing under ch	apter 7, you must fill out t	his form if:		
creditors have	e claims secured by y	our property, or			
		and the lease has not exp	ired.		
You must file thi	is form with the court ever is earlier, unless t	within 30 days after you fi	le your bankruptcy petition of for cause. You must also se	-	•

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of property	☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]:	Yes
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	Yes
property securing debt:	☐ Retain the property and [explain]:	
Securing debt.		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 44 of 65

Debtor 1	Shunkea Brown	Case number (if known)	
name: Descrip		 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes
For any ui	ormation below. Do not list real estat	erty Leases at you listed in Schedule G: Executory Contracts and Unexpire te leases. Unexpired leases are leases that are still in effect; the terty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2	e lease period has not yet ended.
Describe	your unexpired personal property le	eases	Will the lease be assumed?
Lessor's r Description Property:	on of leased		□ No □ Yes
Lessor's r Description Property:	on of leased		□ No □ Yes
Lessor's r Description Property:	on of leased		□ No □ Yes
Lessor's r Description Property:	on of leased		□ No □ Yes
Lessor's r Description Property:	on of leased		□ No □ Yes
Lessor's r Description Property:	on of leased		□ No □ Yes
	on of leased		□ No
Property: Part 3:	Sign Below		☐ Yes
	nalty of perjury, I declare that I have that is subject to an unexpired lease	indicated my intention about any property of my estate that see	cures a debt and any personal
Shu	Shunkea Brown Inkea Brown lature of Debtor 1	X Signature of Debtor 2	
Date	August 30, 2019	Date	

Official Form 108

Fill in this inf	ormation to identify your case:	C	heck one box only a	as directed in this form and ir	n Form
Debtor 1	Shunkea Brown	1	22A-1Supp:		
Debtor 2 (Spouse, if filing)			☐ 1. There is no p	resumption of abuse	
	s Bankruptcy Court for the: Western District o	f Michigan	applies will b	on to determine if a presump be made under <i>Chapter 7 Me</i>	
Case numbe (if known)	er		☐ 3. The Means T	(Official Form 122A-2). est does not apply now beca	
			•	tary service but it could appl	ly later.
Official	Earm 122A 1		☐ Check if this is	s an amended filing	
	Form 122A - 1				
Chapte	r 7 Statement of Your Cur	rent Monthly In	come		12/15
attach a separ case number (qualifying mili	te and accurate as possible. If two married people a rate sheet to this form. Include the line number to w (if known). If you believe that you are exempted for tary service, complete and file Statement of Exemp Calculate Your Current Monthly Income	hich the additional information m a presumption of abuse beca	applies. On the top on the top on the second contract of the second	of any additional pages, write primarily consumer debts or be	your name and because of
1. What is	s your marital and filing status? Check one or	ıly.			
■ Not	married. Fill out Column A, lines 2-11.				
☐ Marı	ried and your spouse is filing with you. Fill ou	it both Columns A and B, line	s 2-11.		
_	ried and your spouse is NOT filing with you.				
□Li	iving in the same household and are not lega	illy separated. Fill out both C	columns A and B, line	es 2-11.	
р	iving separately or are legally separated. Fill openalty of perjury that you and your spouse are leving apart for reasons that do not include evading	egally separated under nonba	ankruptcy law that ap	oplies or that you and your sp	
101(10A). F the 6 month	average monthly income that you received from all For example, if you are filing on September 15, the 6-m ns, add the income for all 6 months and divide the total on the same rental property, put the income from that p	onth period would be March 1 thr by 6. Fill in the result. Do not incl	ough August 31. If the aude any income amour	amount of your monthly income nt more than once. For example,	varied during , if both
·			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	ross wages, salary, tips, bonuses, overtime, deductions).	and commissions (before a	\$ 5,361.5	5 \$	
	y and maintenance payments. Do not include a B is filled in.	payments from a spouse if	\$ 0.00	0 \$	
of you from an and roo	ounts from any source which are regularly pa or your dependents, including child support a unmarried partner, members of your household mmates. Include regular contributions from a specific part include a parent your listed and line a	Include regular contributions I, your dependents, parents,		0 \$	
	Do not include payments you listed on line 3. come from operating a business, profession,	or farm	Ψ	<u> </u>	
0. 1101 1110	ome nom operating a business, profession,	Debtor 1			
Gross r	receipts (before all deductions)	\$ 0.00			
Ordinar	ry and necessary operating expenses	-\$ 0.00			
Net mo	nthly income from a business, profession, or far	m \$0.00 Copy here -	> \$	0 \$	
6. Net inc	ome from rental and other real property				
_		Debtor 1			
	receipts (before all deductions)	\$ 0.00			
	ry and necessary operating expenses	-\$ 0.00 \$ 0.00 Copy here -	> \$ 0.00	0 \$	
	nthly income from rental or other real property	\$ Copy nere -	\$ 0.00 \$	<u> </u>	
7 Interce	t dividends and revaltics		יט.ט	U Y	

Official Form 122A-1

7. Interest, dividends, and royalties

ebtor 1	Shunkea Brown			Case number	er (if known)			
				Column A Debtor 1		Column B Debtor 2 or non-filing s		
3. U n	employment compensation			\$	0.00	\$		
the	not enter the amount if you contend that the amour Social Security Act. Instead, list it here:		fit under					_
	For you \$	0.	.00					
	For your spouse \$							
	nsion or retirement income. Do not include any ar nefit under the Social Security Act.	mount received that wa	as a	\$	0.00	\$		
Do red do	ome from all other sources not listed above. Sp. not include any benefits received under the Social eived as a victim of a war crime, a crime against hunestic terrorism. If necessary, list other sources on all below.	Security Act or paymer manity, or internationa	nts I or					
	•			\$	0.00	\$		_
				\$	0.00	\$		_
	Total amounts from separate pages, if any.		+	\$	0.00	\$		_
	culate your total current monthly income. Add lish column. Then add the total for Column A to the total		\$	5,361.55	+ \$ _		= \$_	5,361.55
								I current monthly
rt 2:	Determine Whether the Means Test Applies	to Vou					inco	me
	betermine Whether the means rest Applies							
2. Ca	culate your current monthly income for the year	Follow these steps:						
12	a. Copy your total current monthly income from line	11		Сор	y line 11	here=>	\$	5,361.55
	Multiply by 12 (the number of months in a year)						X	12
12	o. The result is your annual income for this part of the	ne form				12b.	\$	64,338.60
3. Ca	culate the median family income that applies to	you. Follow these step	ps:					
Fill	in the state in which you live.	MI						
	·							
Fill	in the number of people in your household.	2						
Fill	in the median family income for your state and size	of household.				13.	\$	62,618.00
	find a list of applicable median income amounts, go this form. This list may also be available at the banl		pecified	in the separ	ate instrud	ctions		
	•	cruptcy cierk's office.						
	w do the lines compare?							
14	 Line 12b is less than or equal to line 13. C Go to Part 3. 	on the top of page 1, cr	neck box	(1, There is	no presun	nption of abuse	9.	
14	_	of page 1, check box 2	., The pr	esumption o	f abuse is	determined by	Form	122A-2.
rt 3:	Sign Below							
	By signing here, I declare under penalty of perjury	that the information o	n this st	atement and	in any att	achments is tr	ue and	correct.
	X /s/ Shunkea Brown							
	Shunkea Brown Signature of Debtor 1							
D	ate August 30, 2019							
	MM/DD/YYYY							
	If you checked line 14a, do NOT fill out or file For	m 122A-2.						
	If you checked line 14b, fill out Form 122A-2 and	file it with this form.						

Debtor 1 Shunkea Brown Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: Western District of Michigan Case number (if known) Official Form 122A - 2 Chapter 7 Means Test Calculation	Check the appropriate box as directed in lines 40 or 42: According to the calculations required by this Statement: 1. There is no presumption of abuse. 2. There is a presumption of abuse.
To fill out this form, you will need your completed copy of <i>Chapter 7 Statemer</i> Be as complete and accurate as possible. If two married people are filing toge space is needed, attach a separate sheet to this form, Include the line number additional pages, write your name and case number (if known). Part 1: Determine Your Adjusted Income	ther, both are equally responsible for being accurate. If more
 Copy your total current monthly income. Copy line 11 from 122A-1? Did you fill out Column B in Part 1 of Form 122A-1? No. Fill in \$0 for the total on line 3. Yes. Is your spouse Filing with you? No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting any part of your spondousehold expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A-1, was any amount of the income you repexpenses of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below: 	use's income not used to pay for the
State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. Total. 4. Adjust your current monthly income. Subtract line 3 from line 1.	Fill in the amount you are subtracting from your spouse's income \$ \$ \$ \$ Copy total here=> \$0.00 \$ \$\$

Official Form 122A-2

		Case:19-03727-swd D	oc #:1	Filed: 08	/30/19	Page 48	of 65	
Debtor 1	1 _	Shunkea Brown		_	Case numl	ber (if known)		
Part 2	2:	Calculate Your Deductions from Your Income						
to a	answ	ernal Revenue Service (IRS) issues National and L ver the questions in lines 6-15. To find the IRS star tions for this form. This information may also be a	dards, go	online using	the link spe	ecified in the se		
you	ır act	the expense amounts set out in lines 6-15 regardless tual expenses if they are higher than the standards. Do in line 3 and do not deduct any operating expenses the	not dedu	ct any amounts	that you su	ibtracted fro you	r spouse's	
If yo	our e	expenses differ from month to month, enter the average	e expense					
Wh	enev	ver this part of the from refers to you, it means both yo	u and your	spouse if Colu	ımn B of Foi	rm 122A-1 is fille	ed in.	
5.	Th	e number of people used in determining your ded	uctions fro	om income				
	plu	in the number of people who could be claimed as exests the number of any additional dependents whom you number of people in your household.					2	
Nat	iona	al Standards You must use the IRS National	Standards	s to answer the	questions in	n lines 6-7.		
6.		od, clothing, and other items: Using the number of pandards, fill in the dollar amount for food, clothing, and			5 and the I	RS National	\$	1,288.00
7.	the pe	at-of-pocket health care allowance: Using the number doubler amount for out-of-pocket health care. The number ople who are 65 or olderbecause older people have the than this IRS amount, you may deduct the addition	ber of peo a higher IR	ple is split into S allowance fo	two categor	iespeople who	are under 65 and	
Pec	ople	who are under 65 years of age						
	7a.	. Out-of-pocket health care allowance per person	\$	55.00				
	7b.	. Number of people who are under 65	X	2				
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	110.00	Copy he	re=> \$	110.00	
Ped	ople	who are 65 years of age or older						
	7d.	. Out-of-pocket health care allowance per person	\$	114.00				
	7e.	. Number of people who are 65 or older	X	0				
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy he	re=> +\$	0.00	

110.00

7g. Total. Add line 7c and line 7f

110.00

Copy total here=>

Debtor 1	S	Shunkea	Brown				Case number	(if known)			
Loc	al St	andards	You must use the IRS Local S	Standards to ans	wer the que	stions in lin	es 8-15.				
			tion from the IRS, the U.S. Tr ses into two parts:	ustee Program	has divide	d the IRS L	ocal Standa	ard for housin	g for		
■ F	lous	ing and u	tilities - Insurance and operat	ing expenses							
-	lous	ing and u	tilities - Mortgage or rent exp	enses							
To a	nsw	er the qu	estions in lines 8-9, use the U	.S. Trustee Pro	gram chart	t.					
To fi This	nd th chai	ne chart, g rt may also	o online using the link specified be available at the bankruptcy	in the separate clerk's office.	instructions	for this forr	n.				
8.			utilities - Insurance and oper mount listed for your county for						5, fill \$		582.00
9.	Ηοι	using and	utilities - Mortgage or rent ex	penses:							
	9a.	-	e number of people you entered your county for mortgage or re					\$	972.00		
	9b.	Total ave	erage monthly payment for all m	nortgages and ot	her debts s	ecured by y	our home.				
To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.											
		Name of	the creditor		Average n	nonthly					
		-NONE-			\$						
			Total average montl	hly payment	\$	0.00	Copy here=>	-\$	0.00	Repeat this amount on line 33a.	
	9c.	Net mort	gage or rent expense.								
		Subtract	line 9b (<i>total average monthly p</i> expense). If this amount is less th				\$	972.00	Copy here=>	\$	972.00
10.			hat the U.S. Trustee Program alculation of your monthly exլ					g is incorrect	and	\$	0.00
	Ex	plain why:									
11.	Loc	al transpo	ortation expenses: Check the	number of vehic	les for whic	h you claim	an ownersh	ip or operating	expense.		
		D. Go to lin	e 14.								
		1. Go to lin	e 12.								
		2 or more.	Go to line 12.								

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

391.00

Debtor 1	Shunkea Brown		Case nur	mber (<i>if kn</i>	own)		
13.	Vehicle ownership or lease expense: Using the IRS Local of You may not claim the expense if you do not make any loan of more than two vehicles.						
Vel	hicle 1 Describe Vehicle 1:						
13a.	Ownership or leasing costs using IRS Local Standard		\$		0.00		
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.						
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 month bankruptcy. Then divide by 60.		at				
	Name of each creditor for Vehicle 1	Average monthly payment					
	-NONE-	\$					
	Total Average Monthly Payment	\$	Copy here =	-> -\$ ़	0	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0,	enter \$0.	\$		0.00	Copy net Vehicle 1 expense here => \$	0.00
Vel	hicle 2 Describe Vehicle 2:						
13d.	Ownership or leasing costs using IRS Local Standard		\$		0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs for	r				
	Name of each creditor for Vehicle 2	Average monthly payment					
		\$					
	Total Average Monthly Payment	\$	Copy here =>	-\$	0.00	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this amount is less than \$0,	enter \$0				Copy net Vehicle 2	
	The state of the s		\$		0.00	expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles in <i>Transportation</i> expense allowance regardless of whether you			andards	, fill in the <i>I</i>	Public \$	0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in who not claim more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is the ap					0.00

Oth		n addition to the expense deductions listed above, you are allowed your monthly expenses ne following IRS categories.	for	
16.	self-employment taxes, social your pay for these taxes. How	ount that you will actually owe for federal, state and local taxes, such as income taxes, I security taxes, and Medicare taxes. You may include the monthly amount withheld from vever, if you expect to receive a tax refund, you must divide the expected refund by 12 in the total monthly amount that is withheld to pay for taxes.		540.40
	Do not include real estate, sa	les, or use taxes.	\$	548.48
17.	Involuntary deductions: The contributions, union dues, and	e total monthly payroll deductions that your job requires, such as retirement d uniform costs.		
	Do not include amounts that a	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payme	inthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life is, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	0.00
19.		he total monthly amount that you pay as required by the order of a court or as spousal or child support payments.		
	Do not include payments on p	past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthly as a condition for your job,	amount that you pay for education that is either required:		
	for your physically or ment	tally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly	amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for a	any elementary or secondary school education.	\$	0.00
22.	that is required for the health	enses, excluding insurance costs: The monthly amount that you pay for health care and welfare of you or your dependents and that is not reimbursed by insurance or paid Include only the amount that is more than the total entered in line 7.		
	Payments for health insurance	e or health savings accounts should be listed only in line 25.	\$	0.00
23.	for you and your dependents,	ephone services: The total monthly amount that you pay for telecommunication services such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of by your employer.		
		basic home telephone, internet and cell phone service. Do not include self-employment orted on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	0.00
24.	Add all of the expenses allo Add lines 6 through 23.	owed under the IRS expense allowances.	\$	3,891.48

Add	itional	Expense Deductions	These are additiona	al deduction	s allowed by th	e Means Test.		
			Note: Do not includ	le any exper	nse allowances	listed in lines 6-24.		
25.	insurar					ses. The monthly expenses for health y necessary for yourself, your spouse,	or	
	Health	insurance		\$	239.24			
	Disabil	lity insurance		\$	0.00			
	Health	savings account		+ \$	0.00			
	Total			\$	239.24	Copy total here=>	\$	239.24
	Do you	actually spend this total	amount?					
		No. How much do you ad	ctually spend?	\$				
26.	Continu	nued contributions to the ue to pay for the reasonab	le and necessary ca ur immediate family	d or family are and supp who is unal	oort of an elderl ble to pay for su	actual monthly expenses that you will y, chronically ill, or disabled member of uch expenses. These expenses may 9A(b).	· \$	0.00
27.						nses that you incur to maintain the es Act or other federal laws that apply.		
	By law	, the court must keep the	nature of these expe	enses confid	lential.		\$	0.00
28.	 Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. 							
		pelieve that you have hom of ill in the excess amount			an the home er	nergy costs included in expenses on lin	е	
		ust give your case trustee at claimed is reasonable a		our actual e	xpenses, and y	ou must show that the additional	\$	0.00
29.	\$170.8		for your dependent			e monthly expenses (not more than han 18 years old to attend a private or		
		ust give your case trustee d is reasonable and neces				ou must explain why the amount 23.		
	* Subje	ect to adjustment on 4/01/2	22, and every 3 year	rs after that	for cases begu	n on or after the date of adjustment.	\$	0.00
30.	higher		nd clothing allowand	ces in the IR	S National Sta	ctual food and clothing expenses are ndards. That amount cannot be more		
		I a chart showing the maxitions for this form. This ch				link specified in the separate rk's office.		
	You m	ust show that the addition	al amount claimed is	s reasonable	e and necessar	y.	\$	0.00
31.		nuing charitable contribunents to a religious or cha				ntribute in the form of cash or financial	+\$	0.00
32.		Il of the additional expernes 25 through 31.	se deductions.				\$	239.24

	ctions for Debt Payment						
33. Fo	or debts that are secured by an inte pans, and other secured debt, fill in I	rest in property that you own, including ines 33a through 33e.	home mor	tgages, vehicle			
	o calculate the total average monthly preditor in the 60 months after you file for	payment, add all amounts that are contractuor bankruptcy. Then divide by 60.	ally due to	each secured			
	Mortgages on your home:					Average month	у
33a.	Copy line 9b here				=> {		.00
	Loans on your first two vehicles:						
33b.	Copy line 13b here				=> \$	\$ C	.00
33c.					=> 9	6	.00
33d.	List other secured debts:						
Name	of each creditor for other secured debt	Identify property that secures the deb	t	Does paymoinclude taxe insurance?			
				□ No			
	-NONE-			☐ Yes	9	5	
					,		
				☐ No			
					\$	\$	
				□ No			
				□ Yes	+5	2	
					Сору		
33e.	Total average monthly payment. Add	lines 33a through 33d	\$	0.00	total here=	;> \$	0.00
		3 secured by your primary residence, a support or the support of your depende					
	Yes. State any amount that you mu	ust pay to a creditor, in addition to the paymession of your property (called the cure amone information below.					
	Yes. State any amount that you mulisted in line 33, to keep posses	ession of your property (called the cure amo		Total cure amount		Monthly cu	·e
Nam	Yes. State any amount that you mulisted in line 33, to keep posse Next, divide by 60 and fill in the	ession of your property (called the <i>cure amo</i> ne information below.	ount).	amount	÷60 -	amount	e e
Nam	Yes. State any amount that you mulisted in line 33, to keep posses Next, divide by 60 and fill in the	ession of your property (called the <i>cure amo</i> ne information below.	ount).		÷ 60 =	amount	re
Nam	Yes. State any amount that you mulisted in line 33, to keep posse Next, divide by 60 and fill in the	ession of your property (called the <i>cure amo</i> ne information below.	ount).	amount	Copy	amount \$	
Nam -NO	I Yes. State any amount that you mulisted in line 33, to keep posses Next, divide by 60 and fill in the of the creditor ONE- O you owe any priority claims such	ession of your property (called the <i>cure amo</i> ne information below.	Total \$_	amount \$	Copy	amount \$	0.0
Nam -NO	I Yes. State any amount that you mulisted in line 33, to keep posses Next, divide by 60 and fill in the of the creditor INE- O you owe any priority claims such re past due as of the filing date of your such as the filin	ession of your property (called the <i>cure ame</i> ne information below. Identify property that secures the debt as a priority tax, child support, or alimon	Total \$_	amount \$	Copy	amount \$	
Nam -NO	Yes. State any amount that you mulisted in line 33, to keep posses Next, divide by 60 and fill in the of the creditor ONE- O you owe any priority claims such re past due as of the filing date of your line 36.	ession of your property (called the <i>cure ame</i> be information below. Identify property that secures the debt as a priority tax, child support, or alimonour bankruptcy case? 11 U.S.C. § 507.	Total \$_	amount \$	Copy	amount \$	

Debtor 1	Shu	nkea Brown			Case no	umber (<i>if known</i>)			
F	or more	eligible to file a case under Cha information, go online using the lons for this form. Bankruptcy Basic	ink for <i>Bankruptcy Basi</i>	ics specified					
ı	No.	Go to line 37.							
[Fill in the following information.							
		Projected monthly plan payment	if you were filing under	Chapter 13	\$				
		Current multiplier for your district Administrative Office of the Unit and North Carolina) or by the Extra (for all other districts).	ed States Courts (for dis	stricts in Ala			_		
		To find a list of district multipliers the link specified in the separate be available at the bankruptcy c	instructions for this for				Conv	ı total	
		Average monthly administrative	expense if you were fili	ng under Ch	apter 13	\$		=> \$	
37.		of the deductions for debt payers 33e through 36.	ment.					\$	0.00
Tota	l Deduc	tions from Income							
38. A	Add all c	of the allowed deductions.							
		ne 24, All of the expenses allowed e allowances	l under IRS	\$	3,891.48				
	Copy lir	ne 32, All of the additional expens		\$	239.24				
	Copy lir	ne 37, All of the deductions for de	bt payment	+\$	0.00				
			Total deductions	\$	4,130.72	Copy total	here=	> \$	4,130.72
Part 3:	Det	termine Whether There is a Pre	sumption of Abuse						
39. (Calculat	e monthly disposable income f	or 60 months						
	39a. Co	ppy line 4, adjusted current month	ly income	\$	5,361.55				
	39b. Co	ppy line 38, Total deductions		- \$	4,130.72				
		onthly disposable income. 11 U.S. abtract line 39b from line 39a	C. § 707(b)(2).	\$	1,230.83	Copy here=>\$	1	,230.83	
	For the	next 60 months (5 years)					x 60		
	39d. To	otal. Multiply line 39c by 60		39d.	\$	3,849.80	Copy here=>	\$	73,849.80
40. F	ind out	whether there is a presumption	n of abuse. Check the l	box that app	lies:		J		
[☐ The I	line 39d is less than \$8,175*. Or	the top of page 1 of thi	s form, che	ck box 1, There	is no presui	mption of ab	<i>use.</i> Go to	Part 5.
ı		line 39d is more than \$13,650*. 4 if you claim special circumstand		this form, cl	neck box 2, The	ere is a presu	umption of a	<i>buse.</i> You	may fill out
[☐ The I	line 39d is at least \$8,175*, but ı	not more than \$13,650	*. Go to line	41.				
		to adjustment on 4/01/22, and ev				date of adius	stment.		

Debtor	1 S	unkea Brown				(Case numbe	er (<i>if kno</i>	wn)		
41.	41	. Fill in the amount A Summary of You Schedules (Official	r Assets and Liabil	lities and Cert	rtain Statistic	cal Information	\$.25		
	41	25% or your total	nonpriority unsec	cured debt. 1	11 U.S.C. § 7	707(b)(2)(A)(i)() \$ _			Copy here=>	\$
		Multiply line 41a by	0.25								
	25%	ine whether the inco your unsecured, not he box that applies:		over after su	ubtracting a	all allowed ded	ductions	is end	ough to p	oay	
		e 39d is less than line to Part 5.	e 41b. On the top	of page 1 of tl	this form, ch	eck box 1, The	re is no p	oresum	nption of a	abuse.	
		e 39d is equal to or n sumption of abuse. Yo									
Part 4	4:	ive Details About Sp	ecial Circumstan	ces							
		ave any special circu le alternative? 11 U.S			nal expense	es or adjustme	ents of c	urrent	monthly	/ income fo	or which there is no
] No.	So to Part 5.									
	_										
	Yes.	ill in the following inforcem. You may include			ct your avera	age monthly ex	pense or	r incom	ne adjusti	ment for ea	ach
		ou must give a detaile ecessary and reasona djustments.									
		Give a detailed expla	nation of the spe	ecial circums	stances		Average or incom		nly expei	nse	
		Debtor no longer a	at Career Quest	t			\$		2,536	6.18	
							\$				
							\$				
							\$				
Part 5		ign Below signing here, I declare	under penalty of r	acrium, that the	a informatio	n on this states	nont and	Lin on	, attachm	onto io truo	and correct
				berjury mai me	ie iniornatio	in on this stater	neni anu	i iii ai iy	allaciiii	ents is true	and correct.
	X	s/ Shunkea Brown Shunkea Brown									
		Signature of Debtor 1									
	Date	Nugust 30, 2019									
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2019 to 07/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Career Quest

Income by Month:

6 Months Ago:	02/2019	\$2,536.18
5 Months Ago:	03/2019	\$2,536.18
4 Months Ago:	04/2019	\$2,536.18
3 Months Ago:	05/2019	\$2,536.18
2 Months Ago:	06/2019	\$2,536.18
Last Month:	07/2019	\$2,536.18
	Average per month:	\$2,536.18

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: State of MI

Income by Month:

6 Months Ago:	02/2019	\$0.00
5 Months Ago:	03/2019	\$1,695.22
4 Months Ago:	04/2019	\$3,390.44
3 Months Ago:	05/2019	\$5,085.67
2 Months Ago:	06/2019	\$3,390.44
Last Month:	07/2019	\$3,390.44
	Average per month:	\$2,825.37

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:19-03727-swd Doc #:1 Filed: 08/30/19 Page 61 of 65

United States Bankruptcy Court Western District of Michigan

		9		
In re	Shunkea Brown		Case No.	
		Debtor(s)	Chapter	7
	VEI	RIFICATION OF CREDITOR	MATRIX	
abo	ove-named Debtor hereby verifie	es that the attached list of creditors is true and	correct to the best	of his/her knowledge.
Date:	August 30, 2019	/s/ Shunkea Brown		
		Shunkea Brown		
		Signature of Debtor		

AMERICAN MEDICAL COLLECTIONS 4 WESTCHESTER PLAZA ELMSFORD NY 10523

BIG PICTURE LOANS E23970 POW WOW TRAIL WATERSMEET MI 49969

CAPITAL ONE BANK USA PO BOX 30281 SALT LAKE CITY UT 84130

COMENITY BANK
PO BOX 182789
COLUMBUS OH 43218-2789

COMENITY CAPITAL BANK PO BOX 182120 COLUMBUS OH 43218

CONVERGENT OUTSOURCING, INC 800 SW 39TH ST PO BOX 9004 RENTON WA 98057

CREDIT ONE BANK PO BOX 98872 LAS VEGAS NV 89193-8872

DEPT OF ED/NAVIENT 123 JUSTISON STREET 3RD FLOOR WILMINGTON DE 19807

DISCOVER FINANCIAL SERVICE LLC PO BOX 15316 WILMINGTON DE 19850-5316

FINANCIAL RECOVERY SERVICES PO BOX 385908 MINNEAPOLIS MN 55438-5908 GLOBAL CREDIT & COLLECTION 5440 N CUMBERLAND AVE SUITE 300 CHICAGO IL 60656

GREAT PLAINS LENDING LLC 112 PARADISE DR SUITE B RED ROCK OK 74651

HALSTED FINANCIAL SERVICES LLC PO BOX 828 SKOKIE IL 60076

HUNTER WARFIELD INC 4620 WOODLAND INC TAMPA FL 33614

HY CITE SERVICE ROYAL PRESTIGE 333 HOLTZMAN RD MADISON WI 53713

JEFFERSON CAPITAL SYSTEMS LLC 16 MCLELAND ROAD SAINT CLOUD MN 56303

KOHLS DEPT STORE PO BOX 3115 MILWAUKEE WI 53201

LANSING PROF. BUSINESS BUREAU PO BOX 290 SAINT JOHNS MI 48879-0290

LVNV FUNDING LLC C/O RESURGENT CAPITAL SERVICES PO BOX 1269 GREENVILLE SC 29603

MERCHANTS & MEDICAL 6324 TAYLOR DR FLINT MI 48507-4685

MERRICK BANK PO BOX 9201 OLD BETHPAGE NY 11804

MESSENGER DERMATOLOGY 1515 LAKE LANSING RD SUITE A LANSING MI 48912

MIDLAND CREDIT MANAGEMENT PO BOX 13105
ROANOKE VA 24031-3105

MIDLAND FUNDING LLC 2365 NORTHSIDE DRIVE SUITE 300 SAN DIEGO CA 92108

MIDNIGHT VELVET 1112 7TH AVE PO BOX 2816 MONROE WI 53566

PORTFOLIO RECOVERY ASSOCIATES 120 CORPORATE BLVD NORFOLK VA 23502

PROGRESSIVE LEASING 256 WEST DATA DRIVE DRAPER UT 84020

REPUBLIC BANK/BUILD PO BOX 9203 OLD BETHPAGE NY 11804

RESURGENT/LVNV FUNDING PO BOX 1269 GREENVILLE SC 29602

RMP 8155 EXECUTIVE COURT SUITE 10 LANSING MI 48917-7774 SYNCHRONY BANK
BANKRUPTCY DEPT
PO BOX 965061
ORLANDO FL 32896-5061

WEBBANK/FINGERHUT 6250 RIDGEWOOD ROAD SAINT CLOUD MN 56303

WESTGATE VACATION VILLAS, LLC 2801 OLD WINTER GARDEN RD OCOEE FL 34761